

RECEIVED

AUG 30 2010

PRO

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Sussex Surry Dispatch in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Town of Surry

Owner: Will Gwaltney

Agent/Department Address: P.O. Box 314

Surry, VA 23883

Agent's Telephone No.: (757) 294-3021

Printed Name: Will Gwaltney

Authorizing Agent - Signature: 

Date: 8/27/10

VPDES Permit No. VA0061646

Facility Name - Town of Surry WWTP

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Town of Surry

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Yes ☒ No ☐

3. Provide the tax map parcel number for the land where the discharge is located. 27A-1-48A

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0.00

5. What is the design average effluent flow of this facility? 0.06 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

<500 Residential, retail, office, and restaurant

75 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 150

25 % of flow from non-domestic connections/sources

7. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: _____

9. Approval Date(s):

O & M Manual Unknown

Sludge/Solids Management Plan Unknown

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☐

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:15%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14																																											
S		T/A	C																																																						
F			D																																																						
1	2	13	14																																																						
LABEL ITEMS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">EPA I.D. NUMBER</td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> PLEASE PLACE LABEL IN THIS SPACE </td> </tr> <tr> <td>II. FACILITY NAME</td> </tr> <tr> <td>V. FACILITY MAILING ADDRESS</td> </tr> <tr> <td>VI. FACILITY LOCATION</td> </tr> </table>		EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE	II. FACILITY NAME	V. FACILITY MAILING ADDRESS	VI. FACILITY LOCATION	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																		
EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE																																																								
II. FACILITY NAME																																																									
V. FACILITY MAILING ADDRESS																																																									
VI. FACILITY LOCATION																																																									
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X			
SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"																																																				
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED																																																		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X																																																			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X																																																			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X																																																			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X																																																			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X																																																			
III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">SKIP</td> <td style="width:80%;">Town of Surry STP</td> <td style="width:10%;"></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>18 - 20</td> <td>30</td> <td></td> </tr> </table>								C	SKIP	Town of Surry STP		1				15	18 - 20	30																																							
C	SKIP	Town of Surry STP																																																							
1																																																									
15	18 - 20	30																																																							
IV. FACILITY CONTACT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">A. NAME & TITLE (last, first, & title)</th> <th colspan="4">B. PHONE (area code & no.)</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">2</td> <td style="width:40%;">Mr. Will Gwaltney, Mayor</td> <td style="width:5%;"></td> <td style="width:5%;">(757)</td> <td style="width:5%;">294-3021</td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td>15</td> <td>18</td> <td></td> <td>45</td> <td>46</td> <td>48</td> <td>51</td> <td>55</td> </tr> </table>								A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)				C	2	Mr. Will Gwaltney, Mayor		(757)	294-3021			15	18		45	46	48	51	55																										
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)																																																					
C	2	Mr. Will Gwaltney, Mayor		(757)	294-3021																																																				
15	18		45	46	48	51	55																																																		
V. FACILITY MAILING ADDRESS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">A. STREET OR P.O. BOX</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">3</td> <td style="width:40%;">P.O. Box 314</td> <td style="width:50%;"></td> </tr> <tr> <td>15</td> <td>16</td> <td></td> <td>45</td> </tr> <tr> <th colspan="2">B. CITY OR TOWN</th> <th>C. STATE</th> <th>D. ZIP CODE</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">4</td> <td style="width:10%;">Surry</td> <td style="width:5%;">VA</td> </tr> <tr> <td>15</td> <td>16</td> <td>40</td> <td>41</td> </tr> </table>								A. STREET OR P.O. BOX				C	3	P.O. Box 314		15	16		45	B. CITY OR TOWN		C. STATE	D. ZIP CODE	C	4	Surry	VA	15	16	40	41																										
A. STREET OR P.O. BOX																																																									
C	3	P.O. Box 314																																																							
15	16		45																																																						
B. CITY OR TOWN		C. STATE	D. ZIP CODE																																																						
C	4	Surry	VA																																																						
15	16	40	41																																																						
VI. FACILITY LOCATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">5</td> <td style="width:40%;">11463 Rolfe Highway</td> <td style="width:50%;"></td> </tr> <tr> <td>15</td> <td>16</td> <td></td> <td>45</td> </tr> <tr> <th colspan="4">B. COUNTY NAME</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">6</td> <td style="width:40%;">Surry County</td> <td style="width:50%;"></td> </tr> <tr> <td>15</td> <td>16</td> <td></td> <td>70</td> </tr> <tr> <th colspan="2">C. CITY OR TOWN</th> <th>D. STATE</th> <th>E. ZIP CODE</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">6</td> <td style="width:10%;">Surry</td> <td style="width:5%;">VA</td> </tr> <tr> <td>15</td> <td>16</td> <td>40</td> <td>41</td> </tr> </table>								A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				C	5	11463 Rolfe Highway		15	16		45	B. COUNTY NAME				C	6	Surry County		15	16		70	C. CITY OR TOWN		D. STATE	E. ZIP CODE	C	6	Surry	VA	15	16	40	41														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																																									
C	5	11463 Rolfe Highway																																																							
15	16		45																																																						
B. COUNTY NAME																																																									
C	6	Surry County																																																							
15	16		70																																																						
C. CITY OR TOWN		D. STATE	E. ZIP CODE																																																						
C	6	Surry	VA																																																						
15	16	40	41																																																						

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	(specify)		C	7	(specify)	
15	16	17	18	15	16	17	18
C. THIRD				D. FOURTH			
C	7	(specify)		C	7	(specify)	
15	16	17	18	15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
C	8	Town of Surry													<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
15	16																		

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)

F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify) Town:										D. PHONE (area code & no.) A (757) 294-3021									
										M																													

E. STREET OR P.O. BOX

P.O. Box 314																													

F. CITY OR TOWN

B Surry																				G. STATE					H. ZIP CODE					I. INDIAN LAND				
																				VA					23883					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I													C	T	I														
9	N														9	P															
15	16	17	18													15	16	17	18												
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I													C	T	I														
9	U														9			VA0061646													
15	16	17	18													15	16	17	18												
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I													C	T	I														
9	R														9																
15	16	17	18													15	16	17	18												

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Treat wastewater from approximately 500 connections consisting of 75% residential connections and 25% commercial connections, including offices and restaurants. Connections are located within the limits of the Town of Surry and immediately outside of the Town boundary.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Mr. Will Gwaltney, Mayor															B. SIGNATURE 															C. DATE SIGNED 8/27/00														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

C																													
C																													
15	16																												

FACILITY NAME AND PERMIT NUMBER:

Town of Surry WWTP, VA0061646

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Town of Surry WWTP

Mailing Address P.O. Box 314, Surry, VA 23883

Contact person Mr. Will Gwaltney

Title Mayor

Telephone number (757) 294-3021

Facility Address 11463 Rolfe Highway, Surry, VA 23883

(not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0061646 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Town of Surry and</u>	<u>< 500</u>	<u>Separate</u>	<u>Town of Surry</u>
<u>and bordering areas</u>	_____	_____	_____
_____	_____	_____	_____
Total population served	<u>< 500</u>		

FACILITY NAME AND PERMIT NUMBER:

Town of Surry WWTP, VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.06
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.069</u>	<u>0.098</u>	<u>0.078</u> mgd
c. Maximum daily flow rate	<u>0.092</u>	<u>0.125</u>	<u>0.117</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

FACILITY NAME AND PERMIT NUMBER:

Town of Surry WWTP, VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

_____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Town of Surry WWTP, VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B: "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Town of Surry 23883
(City or town, if applicable) (Zip Code)
Surry County Virginia
(County) (State)
37-07-27 North 76-50-34 West
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.06 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Dark Swamp
- b. Name of watershed (if known) Chesapeake Bay
- United States Soil Conservation Service 14-digit watershed code (if known): unknown
- c. Name of State Management/River Basin (if known): unknown
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unknown
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Town of Surry WWTP, VA0061646

 Form Approved 1/14/99
 OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary
 ☒ Secondary
☒ Advanced
 ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 95 %
 Design SS removal 95 %
 Design P removal N/A %
 Design N removal 90 %
 Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

 If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

 Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	9.0	s.u.			
Flow Rate	NL		0.06	MGD	Cont.
Temperature (Winter)	N/A		N/A		
Temperature (Summer)	N/A		N/A		

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	15	mg/L	10	mg/L	1/Week	4HC
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)		15	mg/L	10	mg/L	1/Month	4HC

END OF PART A

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Town of Surry WWTP, VA0061646

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Will Gwaltney, Mayor

Signature 

Telephone number (757) 294-3021

Date signed 8/27/10

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No N/A

b. Is sewage sludge from this facility placed in a bag or other container for sale or giveaway for application to the land?
☐ Yes ☐ No N/A

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No N/A

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

FACILITY NAME: Town of Surry WWTP

VPDES PERMIT NUMBER: VA0061646

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Town of Surry WWTP
- b. Contact person: Mr. Will Gwaltney
Title: Mayor
Phone: (757) 294-3021
- c. Mailing address:
Street or P.O. Box: P.O. Box 314
City or Town: Surry State: VA Zip: 23883
- d. Facility location:
Street or Route #: 11463 Rolfe Highway
County: Surry
City or Town: _____ State: VA Zip: 23883
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.06 mgd
- g. Total population served: <500
- h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: _____
- b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- c. Contact person: _____
Title: _____
Phone: (_____) _____
- d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?
☐ facility ☐ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0061646
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

FACILITY NAME: Town of Surry WWTPVPDES PERMIT NUMBER: VA0061646

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes X No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

Sludge from the sewage treatment process is stored in the sludge holding tank. Solids and liquid sludge are separated in the sludge holding tank. Solids from the sludge holding tank are pumped out by an independent hauler and transported to the Sussex Service Authority Spring Branch WWTP. No pathogen reduction or vector attraction reduction take place at the Town of Surry STP.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? X Yes No

If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: Kempton's Septic Tank Service

Mailing address:

Street or P.O. Box: 11129 Country Way

City or Town: Battery Park State: VA Zip: 23304

Phone: (757) 357-4194

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

093-008

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 2531-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. N/A

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

FACILITY NAME: Town of Surry WWTP

VPDES PERMIT NUMBER: VA0061646

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

X Section A (General Information)

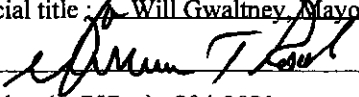
X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

 Section C (Land Application of Bulk Sewage Sludge)

 Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title: Will Gwaltney, Mayor

Signature 

Date Signed 8/22/10

Telephone number (757) 294-3021

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Town of Surry WWTP

VPDES PERMIT NUMBER: VA0061646

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 25.4 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. N/A

a. Facility name: _____

b. Contact Person: _____

Title: _____

Phone: (_____) _____

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Facility location: _____

(not P.O. Box) _____

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

_____ Class A _____ Class B X Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: N/A

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)

_____ Option 2 (Anaerobic process, with bench-scale demonstration)

_____ Option 3 (Aerobic process, with bench-scale demonstration)

_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

_____ Option 5 (Aerobic processes plus raised temperature)

_____ Option 6 (Raise pH to 12 and retain at 11.5)

_____ Option 7 (75 percent solids with no unstabilized solids)

_____ Option 8 (90 percent solids with unstabilized solids)

X None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A

VPDES PERMIT NUMBER: VA0061646

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- 5. Sale or Give-Away in a Bag or Other Container for Application to the Land. N/A**

6. Shipment Off Site for Treatment or Blending.

Option 2 (Anaerobic process, with bench-scale demonstration)

FACILITY NAME: Town of Surry WWTP

VPDES PERMIT NUMBER: VA0061646

- ☒ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☒ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: _____

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 2531-530.G.
j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or giveaway for application to the land? ☐ Yes ☒ No

If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.

- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Sludge is hauled during normal business hours,

Monday through Friday between the hours of 7 AM and 5 PM

7. Land Application of Bulk Sewage Sludge. N/A

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

_____ dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 2531-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
____ Yes ____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

- c. Site name or number: _____

- d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: ____ Site Owner ____ Site operator

- e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: _____ Type of Permit: _____

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
____ Yes ____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

- c. Incinerator name or number: _____

- d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: ____ Incinerator Owner ____ Incinerator Operator

- e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

FACILITY NAME: Town of Surry WWTP

VPDES PERMIT NUMBER: VA0061646

of sewage sludge at this incinerator:

Permit Number: _____

Type of Permit: _____

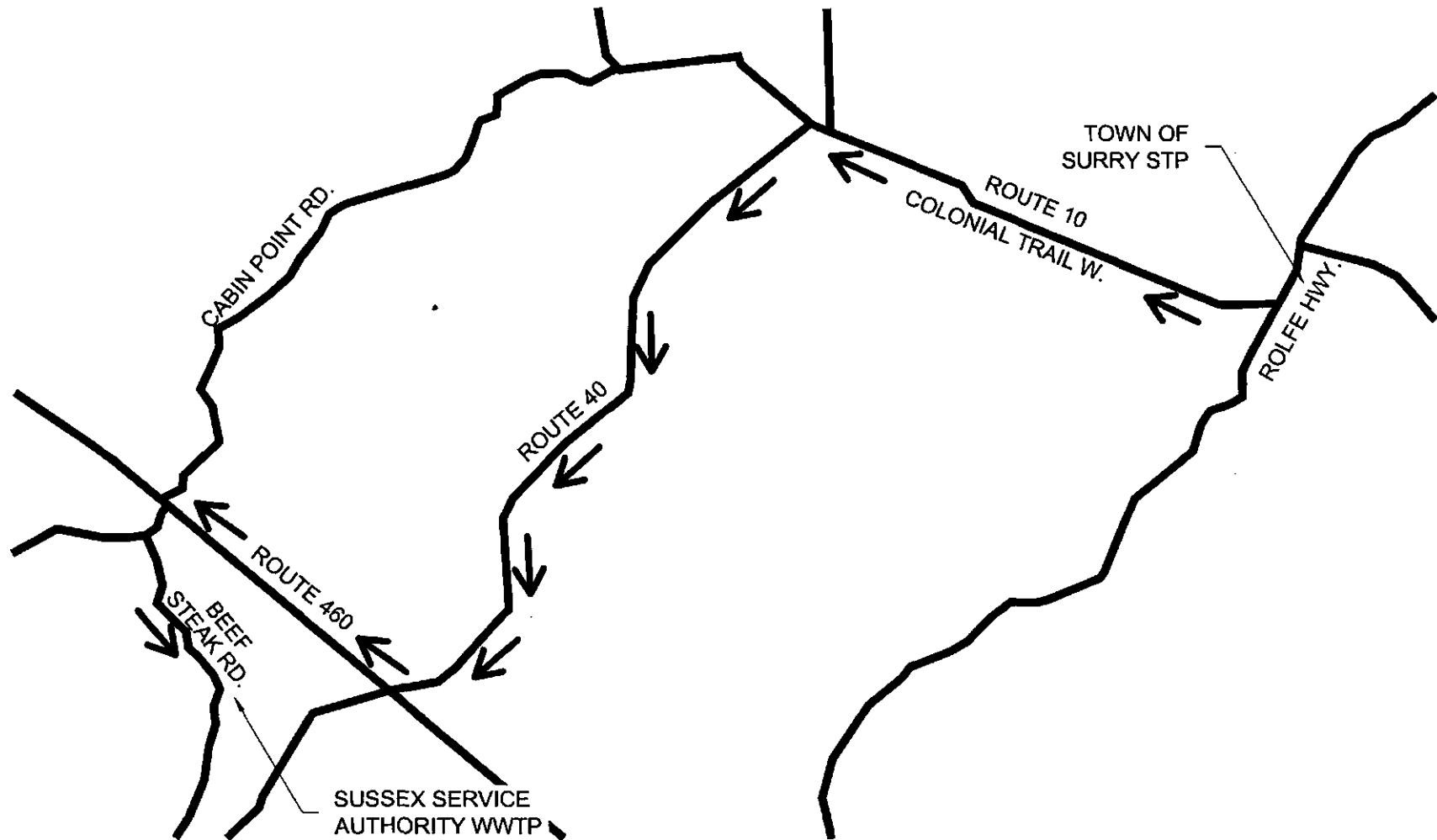
10. Disposal in a Municipal Solid Waste Landfill. N/A

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: _____
- b. Contact person: _____
Title: _____
Phone: (_____) _____
Contact is: _____ Landfill Owner _____ Landfill Operator
- c. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Landfill location:
Street or Route #: _____
County: _____
City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
_____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 2080-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_____ Yes _____ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _____ Yes _____ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _____ Yes _____ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____

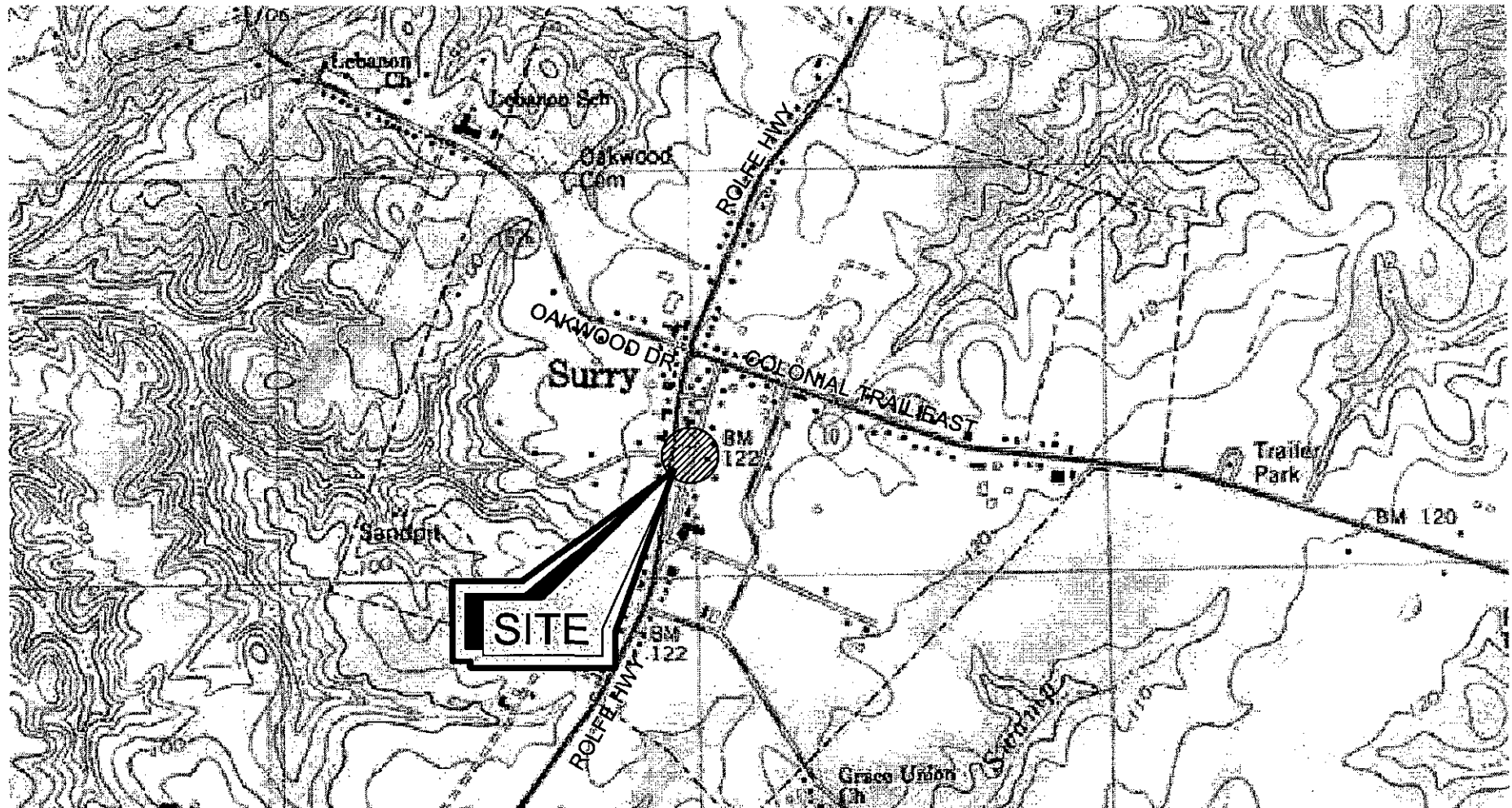
Town of Surry STP



Sludge Haul Route

SCALE: NTS

Town of Surry STP



Vicinity Map

SCALE: 1" = 2000'